

Name
in
Full

Ella C M Barrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near Ecklon* Town *Cecil* CountyDate of death 190 *9* Month *Oct* Day *21* Age *42* Years Months DaysSex *Female* Color or Race *White* Birth-place *Pa*Occupation *Servant* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Wm Barrett* Father's Birthplace *Ireland*Mother's Maiden Name *Ellen Sullivan* Mother's Birthplace *"*Name of person giving Information *Mary S Barrett* How related to deceased *Sister*

CAUSES OF DEATH

79

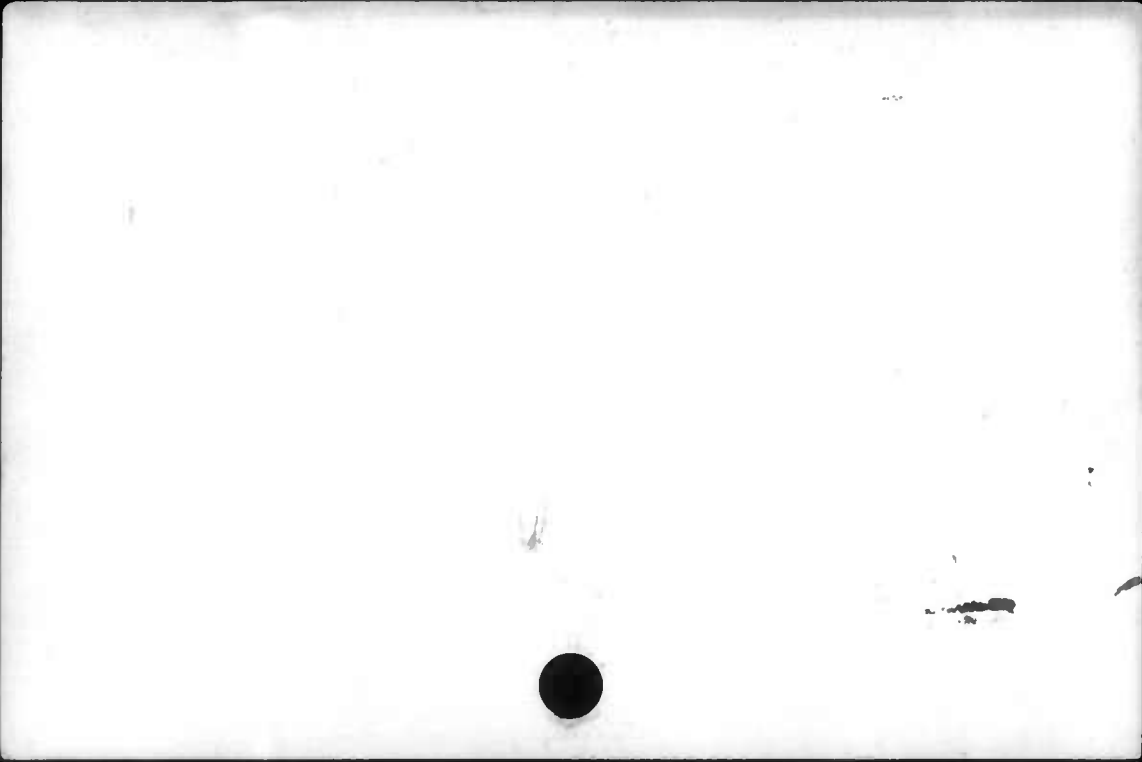
Primary *Heart disease* How long *Several years*Immediate *Loss of compensation* How long *4 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

PHYSICIAN
OR CORONERA ~~suicide~~



Name
in
Full

Anna M Blake

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cherry Hill</u> ^{Town}		<u>Camden</u> ^{County}		MARYLAND	
Date of death <u>1909</u> ^{Month} <u>Oct</u> ^{Day} <u>6</u> ^{Years} <u>62</u>		Age <u>62</u>		Months <u> </u> Days <u> </u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>			
Occupation <u>Seamstress</u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>A. E. Blake</u>				
Father's Name <u>Abraham M. Carley</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Olevia Terrell</u>	Mother's Birthplace <u>"</u>				
Name of person giving Information <u>Harriet Terrell</u>		How related to deceased <u>Cousin</u>			

CAUSES OF DEATH

Primary <u>Carcinoma of Uterus</u>	How long <u>4 mos</u>
Immediate <u>Exhaustion</u>	How long <u> </u>

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

O. J. Carries MD
Cherry Hill
Ind

Accident or Suicide

257



Name
in
Full

Thomas. Bralby Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at St Augustin Town Cecil County MARYLAND

Date of death 1909 Month 10 Day 1 Age 8 Years 11 Months 11 Days

Sex Male Color or Race China. Birth-place St Augustin

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Thomas Bralby.

Father's Birthplace

Cecil Co.

Mother's Maiden Name

Mary. 'Don't know'

Mother's Birthplace

Cecil Co.

Name of person giving Information

Thompson Bralby.

How related to deceased

Father

CAUSES OF DEATH

Primary

Tuberculosis

How long

Don't know

Immediate

only saw child once

How long

over the agency

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

T. J. Bralby M.D.
Chesapeake City
Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Elyabeth Row Cline,

CERTIFICATE OF DEATH

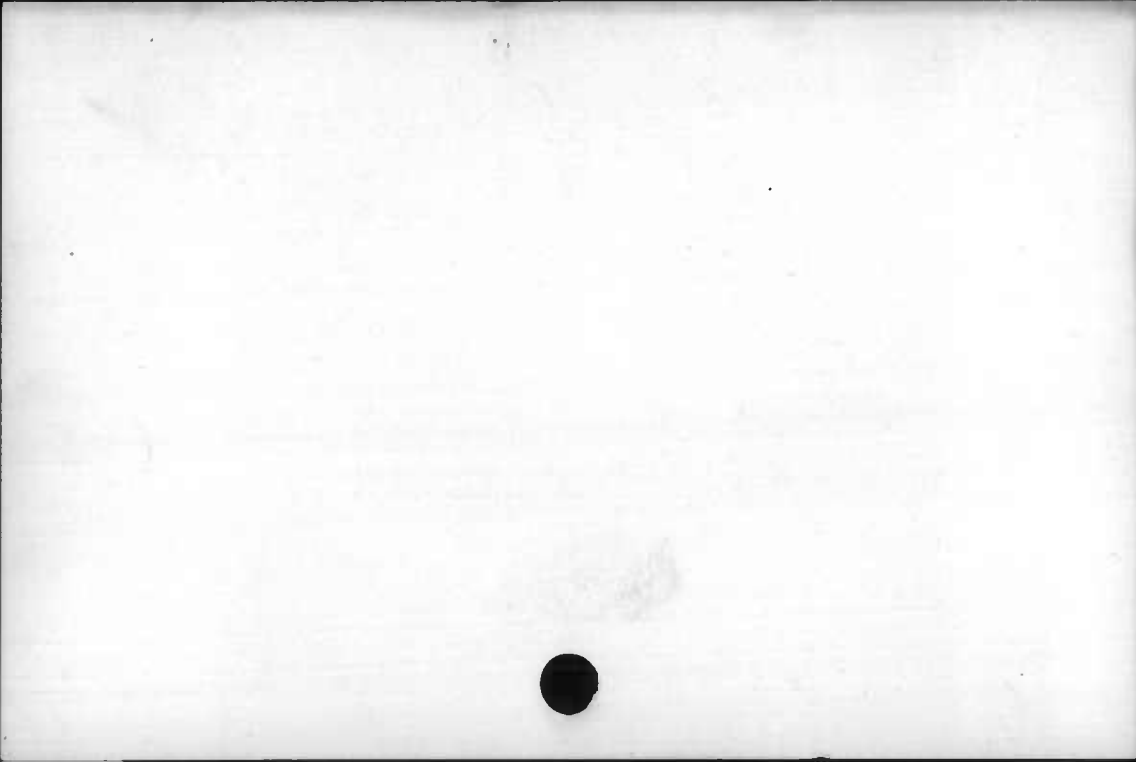
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Calora</i>		Town <i>Calora</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>10</i>	Day <i>22</i>	Age <i>92</i>	Years <i>1</i>	Months <i>7</i>	Days <i>7</i>	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Penn'a.</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>Calora</i>						
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Wm T. Cline</i>						
Father's Name <i>Isaac Bond</i>	Father's Birthplace <i>Penn'a</i>						
Mother's Maiden Name <i>Maria Row</i>	Mother's Birthplace <i>Penn'a</i>						
Name of person giving information <i>Mrs. C. Gillespie</i>	How related to deceased <i>Grand Daughter</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Catharke Pneumonia</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>yes</i>
	Address <i>Ernest Rowland Liberty Grove Md</i>
Accident or Suicide?	



Name
in
Full

Curt Cosden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Alms House</i>		County <i>Cecil</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	Oct	11	Age 60		
Sex	Color or Race	Birth-place			
Male	White	Not known			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband			
Widower		Not known			
Father's Name	Father's Birthplace				
Not known	Not known				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information		How related to deceased			

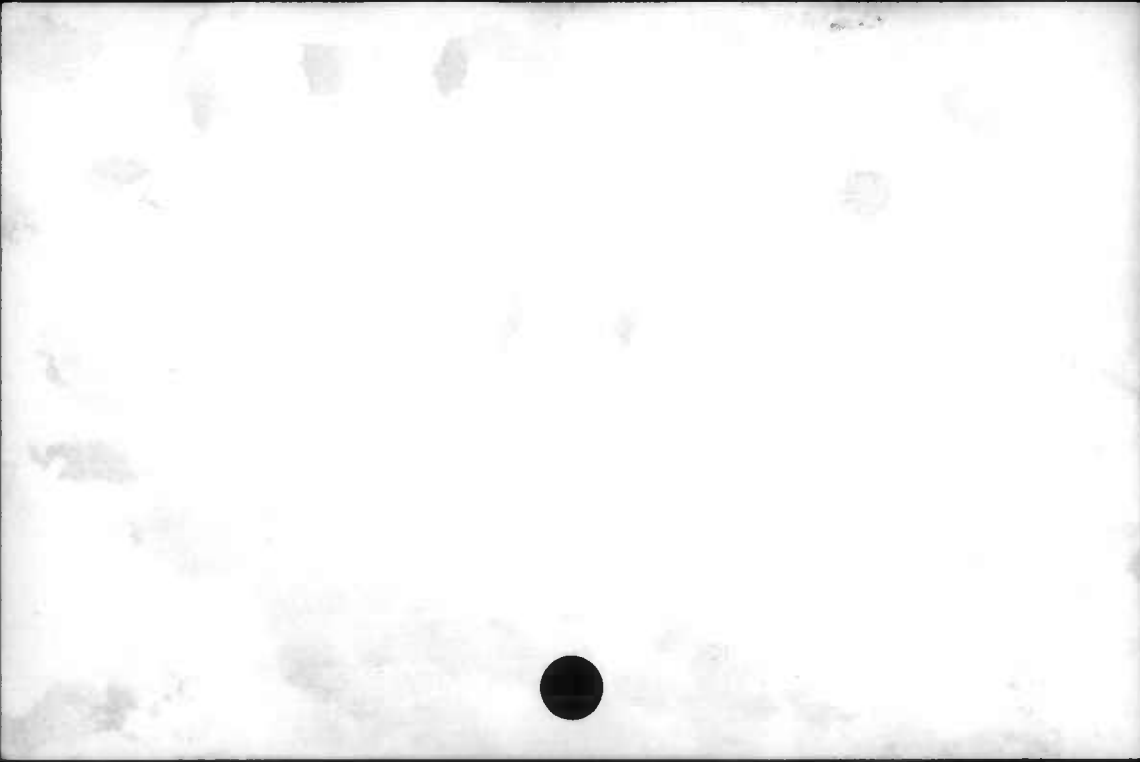
CAUSES OF DEATH

106



PHYSICIAN
OR CORONER

Primary	<i>Acute Enteritis</i>	How long	<i>1 week</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>W. D. Morrison</i>	
Address		<i>Elkton Md</i>	
Accident or Suicide			



Name
in
Full

Joseph Dugan

CERTIFICATE OF DEATH

Died at ^{Town} Elkton ^{County} Cecil MARYLAND

Date of death 1909 ^{Month} Oct ^{Day} 7 ^{Age} 65 ^{Years} ^{Months} ^{Days}

Sex male Color or Race white Birthplace Ireland

Occupation Blacksmith Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Elizabeth Dugan

Father's Name don't know Father's Birthplace Ireland

Mother's Maiden Name don't know Mother's Birthplace "

Name of person giving Information Elizabeth Dugan How related to deceased wife

CAUSES OF DEATH

Primary Sarcoma of lower jaw How long 4 mo

Immediate Hemorrhage How long 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Hunter Mitchell M.D.

Address Elkton Md.

8
Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mary J Gamble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Abundance* ^{County} *Cecil* **MARYLAND**Date of death 1909 ^{Month} *Oct* ^{Day} *2* ^{Years} *82* ^{Months} *0* ^{Days} *0*Sex *Female* Color or Race *white* Birth-place *md*Occupation *None (Retired)* Where Residing if not at place of death *md*Married, Single or Widowed *widowed* Name of Wife or Husband *unknown*Father's Name *James Russell* Father's Birthplace *md*Mother's Maiden Name *Charlotte McVey* Mother's Birthplace *md*Name of person giving Information *Miss Settle* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Chronic Nephritis* **120** How long *3 mos*Immediate *Dilated Heart* How long *1 wk*Are the name, age, sex, color, data and place correctly given above? *Yes* Signature of Physician *C. P. Corrie, M.D.*Address *Cherry Hill, md*Accident or Suicide *—*PHYSICIAN
OR CORONER

254



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lydia E. Evers
Town *Sheadore* County *Cecil*

Died at *Sheadore* Month *Oct* Day *16* Age *78* Years Months Days

Date of death *1909*

Sex *Female* Color or Race *White* Birth-place *Philadelphia*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Charles Evers*

Father's Name *John McCormick* Father's Birthplace *Wick man*

Mother's Maiden Name *Maria Batty* Mother's Birthplace *Wick man*

Name of person giving Information *Amanda Stewart* How related to deceased

CAUSES OF DEATH

Primary *General Debility* 154 How long *Only few days*

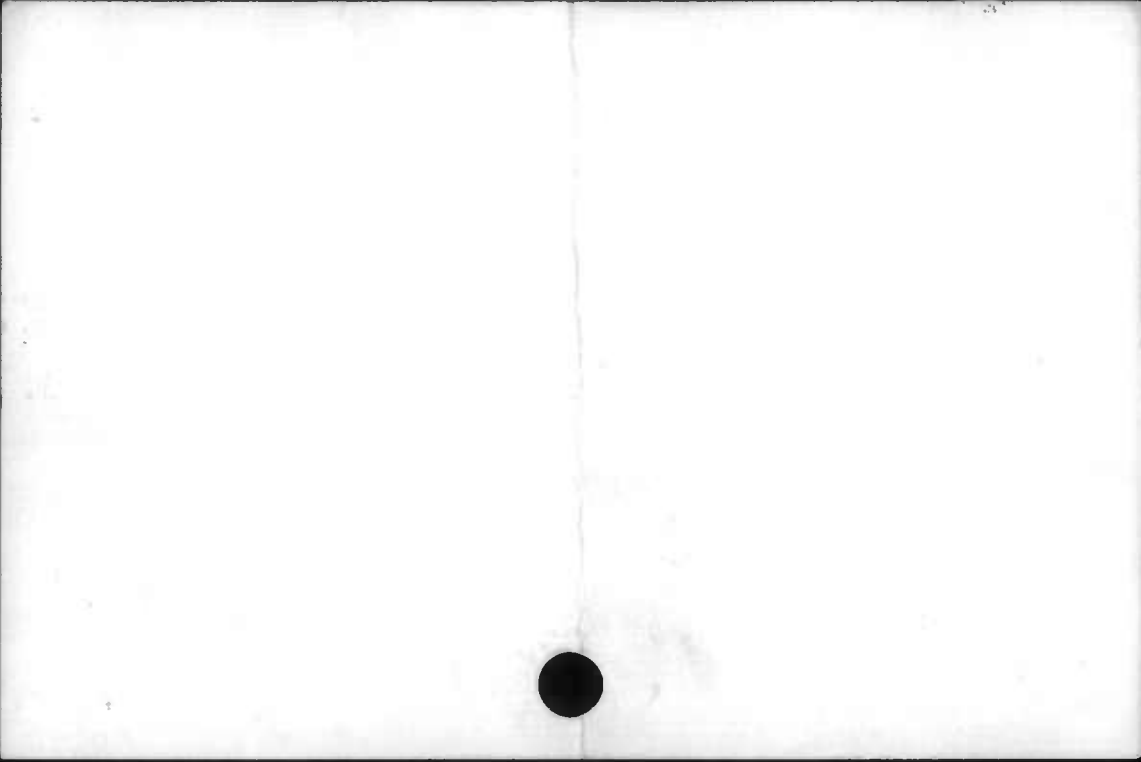
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *B. H. [illegible]* Address *North [illegible] Md*

~~Death by Suicide~~

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MAYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		10	Unknown	Age 52			
Sex	Male	Color or Race	Colored	Birth-place	Maryland		
Occupation	Labour			Where Residing if not at place of death			
Married, Single or Widowed	Widower			Name of Wife or Husband	Mary Gibson		
Father's Name	William Gibson			Father's Birthplace	Maryland		
Mother's Maiden Name	Lizzie Bruttora			Mother's Birthplace	Maryland		
Name of person giving Information	Wm H Gibson			How related to deceased	Brother		

CAUSES OF DEATH

172

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

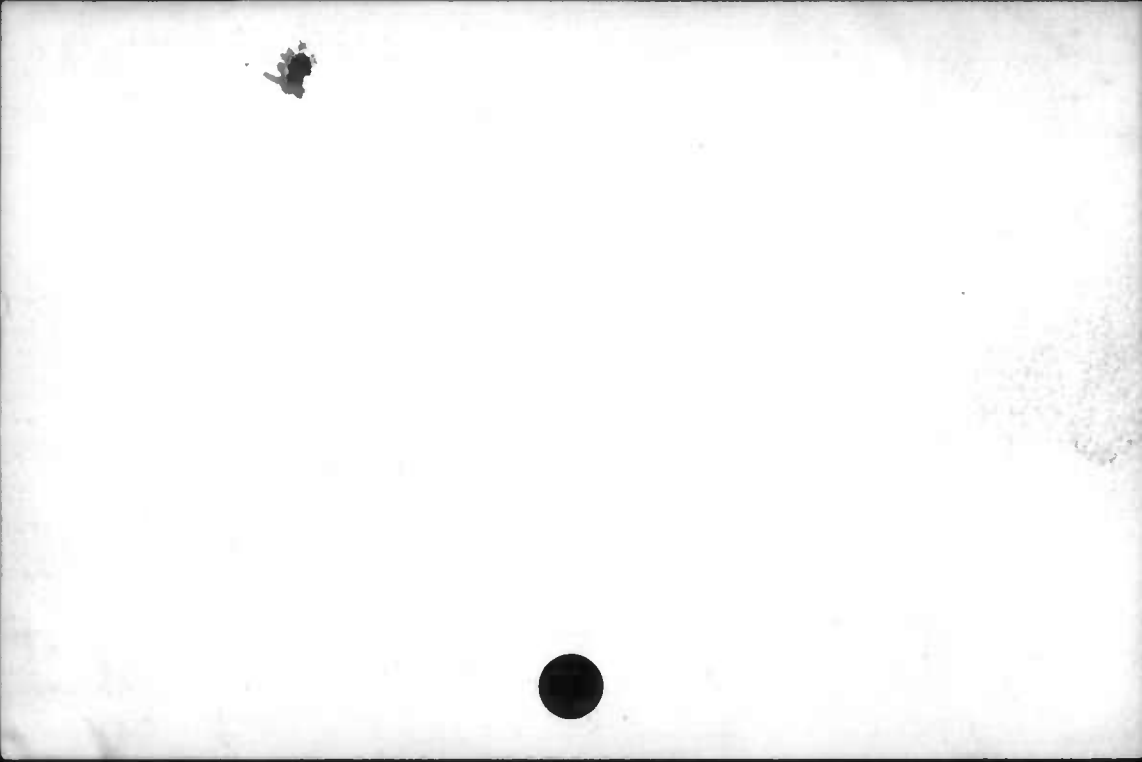
Signature of Physician

Address

Accident or Suicide

Unknown

James F. Brown
Coroner
Easton Md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Eliza J. Graham* County *Leecie* MARYLAND

Died at *Liberty Grove* Town *Liberty* Month *10* Day *13* Age *78* Years *7* Months *5* Days

Date of death *1909*

Sex *Female* Color or Race *White* Birth-place *Liberty Grove Maryland*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Theodore Graham*

Father's Name *Thomas Caldwell* Father's Birthplace *Delaware*

Mother's Maiden Name *Elizabeth Woodrow* Mother's Birthplace *Maryland*

Name of person giving Information *Roberta Graham* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

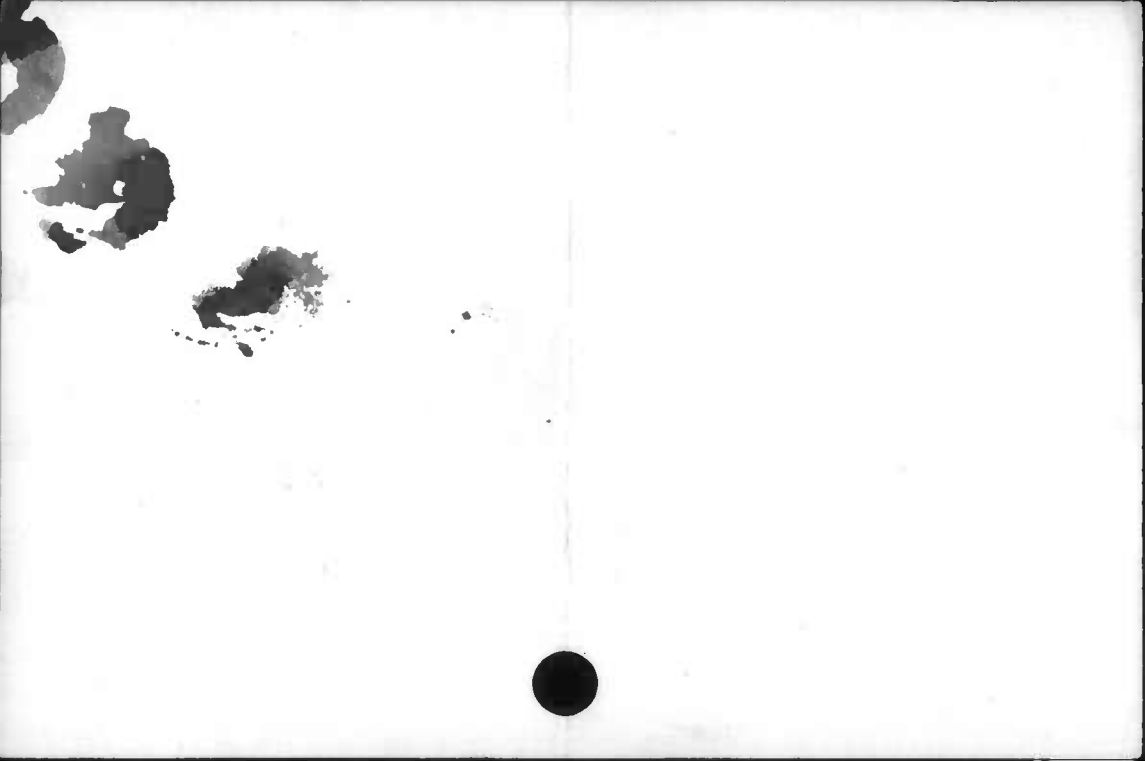
Primary *Mitral Disease & Chronic Bronchitis* How long *Several years*

Immediate *Heart Failure* How long *Instantaneous*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *John H. Jones*

8 Address *Burlington, Md.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sarah Ann Harrison
Town *North East* County *Cecil*

MARYLAND

Died at *North East*
Date of death *1909 Oct 2* Age *73*
Month *Oct* Day *2* Years *73* Months *0* Days *0*

Sex *Female* Color or Race *White* Birth-place *Living, England*

Occupation *Housewife* Where Residing if not at place of death *North East*

Married, Single or Widowed *Married* Name of Wife or Husband *Thomas Harrison*

Father's Name *John Davis* Father's Birthplace *Wales*

Mother's Maiden Name *Sarah Ann Davis* Mother's Birthplace *England*

Name of person giving Information *Mary Harrison* How related to deceased *Daughter*

CAUSES OF DEATH

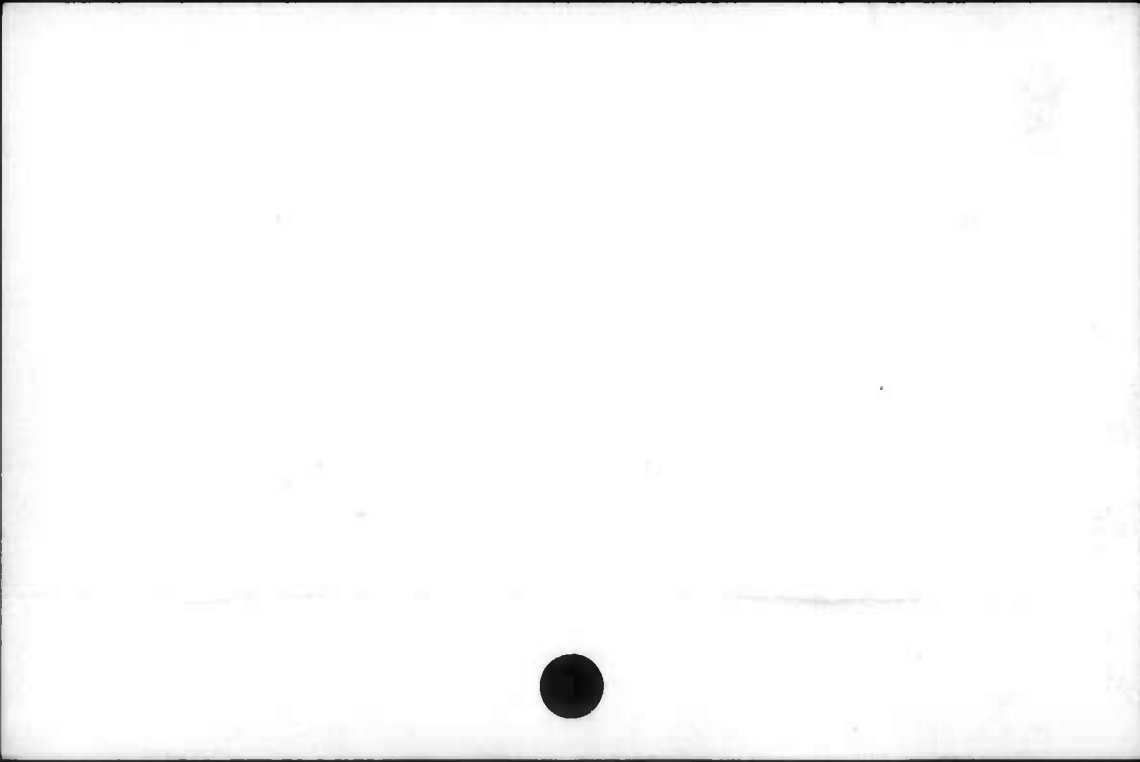
79

Primary *Heart Disease* How long *for years*
Immediate *Heart Disease* How long *for years*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *L F Hamrick*
Address *North East Ind*

8
Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George D Jones
Town North East County Cecil

MARYLAND

Died at North East Cecil

Date of death 1909 October 30 Age 4 Months 14 Days

Sex Male Color or Race White Birth-place Cecil County

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Annie De Mond

Father's Name George Jones Father's Birthplace Cecil County

Mother's Maiden Name Annie De Mond Mother's Birthplace Cecil County

Name of person giving Information Mrs Ella De Mond How related to deceased Mother

CAUSES OF DEATH

Primary Inamiation

179

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER

Beth

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Job. Haines Kirk* Town *near Rising-Sun* Cecil CountyDate of death 190 *9* Month *Oct.* Day *22* Age *69* Months *8* Days *3-*Sex *Male* Color or Race *White* Birth-place *Cecil Co. Md.*Occupation *Farmer* Where Residing if not at place of death *near Rising-Sun Md.*Married, Single or Widowed *Married* Name of Wife or Husband *Elizabeth H. Kirk*Father's Name *Samuel Kirk* Father's Birthplace *Md.*Mother's Maiden Name *Leidia Wilson* Mother's Birthplace *Penna.*Name of person giving Information *Elizabeth H. Kirk* How related to deceased *Wife*

CAUSES OF DEATH

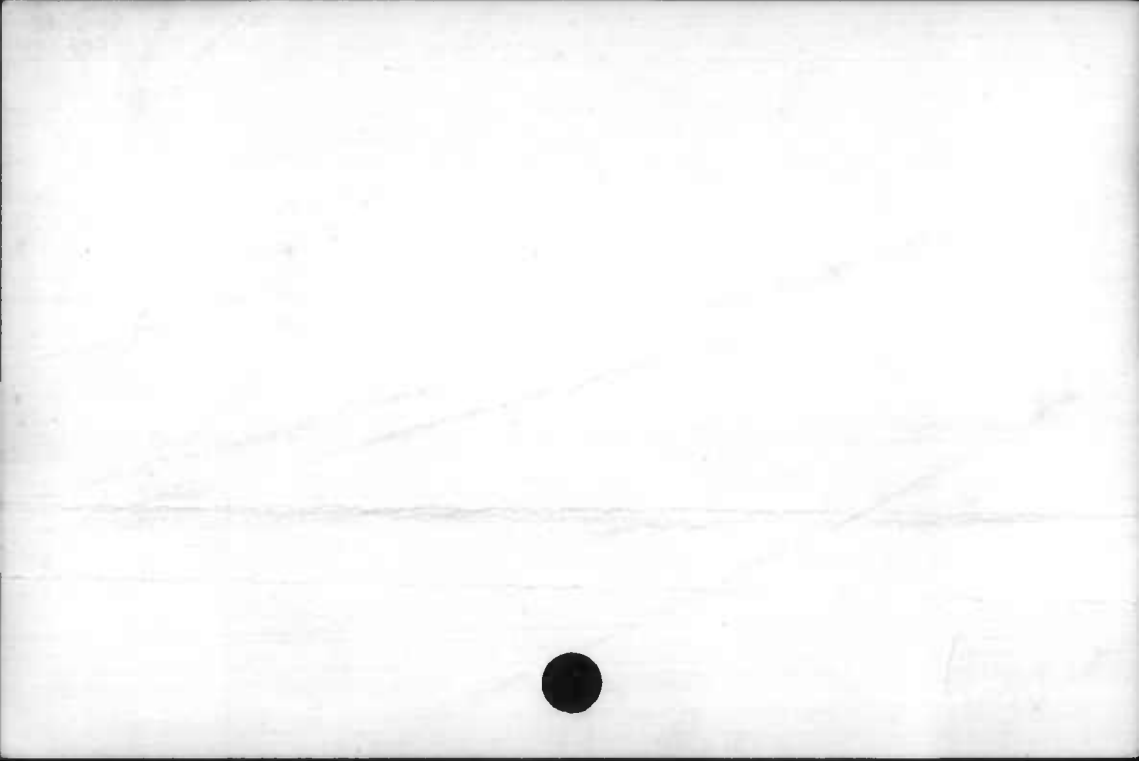
Primary *Paralysis* How long *66* *2 1/2 weeks*Immediate *do* How long

Are the name, age, sex, color, date and place correctly given above?

*yes*Signature of Physician *W. H. Richardson*Address *Rising Sun**F.R., D., #2**W. H.*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Wm J Holiter

CERTIFICATE OF DEATH

Died at *Neaville* ^{Town} *berie* ^{County}

MARYLAND

Date of death 1909 ^{Month} Oct ^{Day} 29 Age ^{Years} 15 ^{Months} ^{Days}

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *Edward Holiter*

Father's Name *Edward Holiter* Father's Birthplace *Germany*

Mother's Maiden Name *Francis Meyer* Mother's Birthplace *Ind*

Name of person giving Information *Francis Holiter* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Scandatum Malignum* How long *24 hours*

Immediate *Heart lesion (presumed)* How long *24 hours*

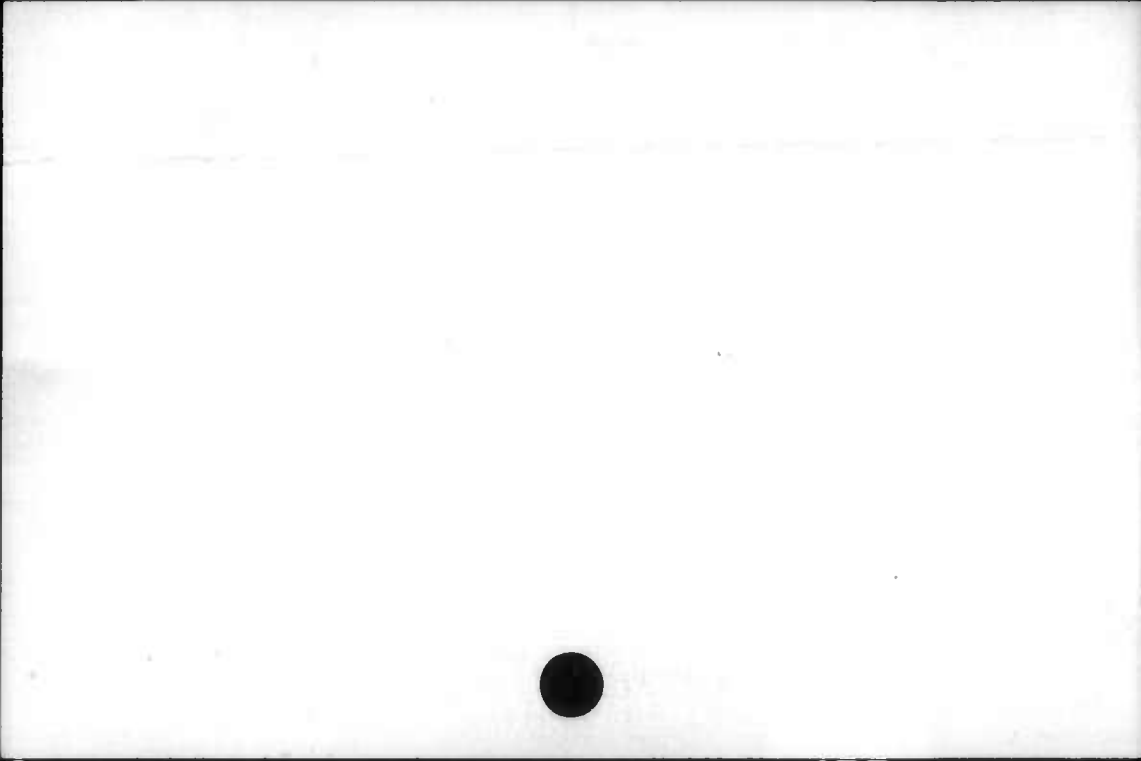
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm C. Harsner* Address *Chesapeake City Ind.*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Ruth S. Howland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Mechanics valley* Town *Cecil* County

Date of death 1909 *Oct-* Month *15-* Day Age *12* Years Months *10* Days

Sex *Female* Color or Race *white* Birth-place *Cecil Co.*

Occupation *School* Where Residing if not at place of death

Married, Single or Widowed *S* Name of Wife or Husband

Father's Name *Walter H. Howland* Father's Birthplace *Cecil Co.*

Mother's Maiden Name *Betty Scarborough* Mother's Birthplace *Cecil Co.*

Name of person giving Information *Walter A. Howland* How related to deceased *Father*

CAUSES OF DEATH

Primary Cause *Toxemia* How long *4 days*
Immediate Cause *Heart failure* How long *sudden*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm. V. Cawley*
Address *Electon*
med.

PHYSICIAN
OR CORONER

Accident or Suicide *8*

New seeds

Name
in
Full

Margaret Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

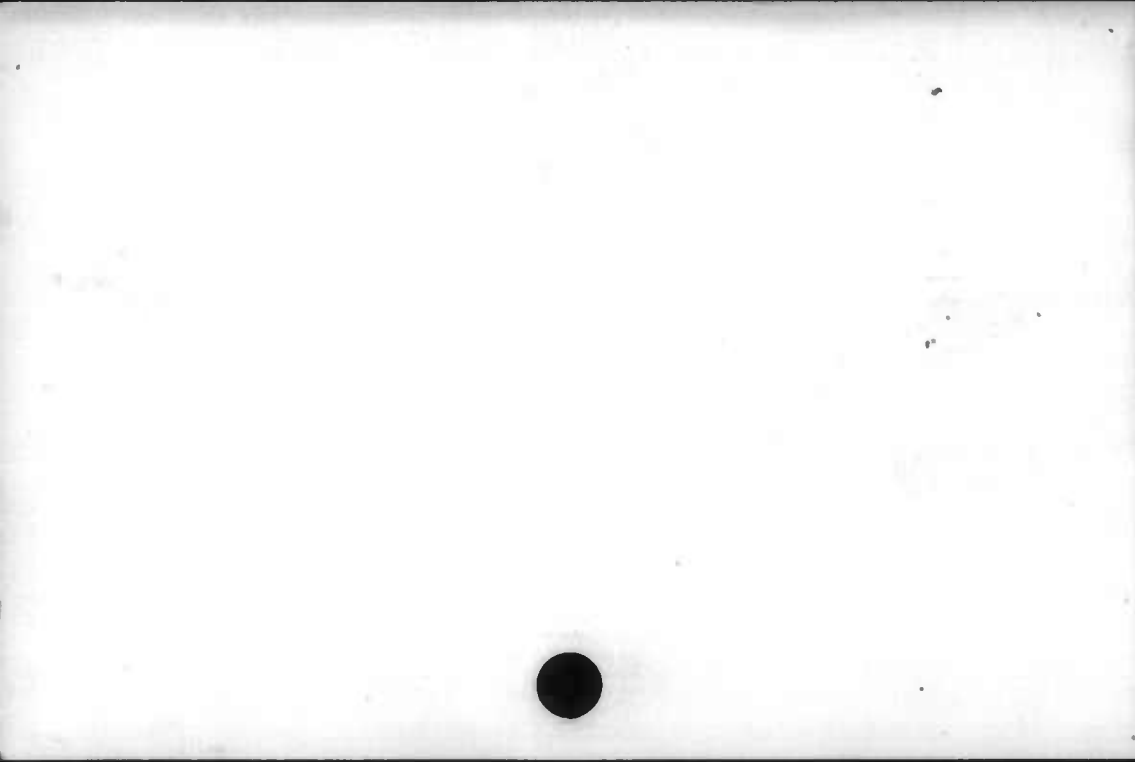
Died at		Town Elk Mills		County Cecil		MARYLAND	
Date of death		Month 9	Day 20	Age 82	Years 8	Months	Days
Sex Female	Color or Race White	Birth place Maryland					
Occupation Housewife		Where Residing If not at place of death					
Married, Single or Widowed Widow		Name of Wife or Husband John W T Owens					
Father's Name Thomas Higgins		Father's Birthplace Maryland					
Mother's Maiden Name Catharine Owens		Mother's Birthplace Maryland					
Name of person giving Information Mrs Addie Scott		How related to deceased Daughter					

CAUSES OF DEATH

(64) ✓
How long

PHYSICIAN
OR CORONER

Primary Cerebral hemorrhage	How long Six days
Immediate followed by general paralysis	How long
Are the name, age, sex, color, data and place correctly given above? yes	Signature of Physician Walter H. Steel M.D.
Address Towson Baltimore	
Accident or Suicida —	



Name
in
Full

Anna Viola Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town

County

Died at

MARYLAND

Date

of death

1909

Month

Oct

Day

6

Age

Years

Months

5

Days

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Joseph S Porter

Father's
Birthplace

Maryland

Mother's
Maiden Name

Carrie Ash

Mother's
Birthplace

Terry Land

Name of person giving
Information

Joseph S Porter

How related
to deceased

Father

CAUSES OF DEATH

Primary

Marasmus

How long

5 mo

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. Arthur Mitchell M.D.

Address

Elkton Md.

PHYSICIAN
OR CORONER

Accidental Suicide

256



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry Sallsbury

Town

County

MARYLAND

Died at

Alms House

Cecil

Date

of death

1909 Oct

Day

10

Age

Years

45

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Cecil Co

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

James Sallsbury

Father's
Birthplace

Not known

Mother's
Maiden Name

Not known

Mother's
BirthplaceName of person giving
Information

Mary Williams

How related
to deceasedcousin by
marriage

CAUSES OF DEATH

Primary

Mitral insufficiency

How long

6 mos

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

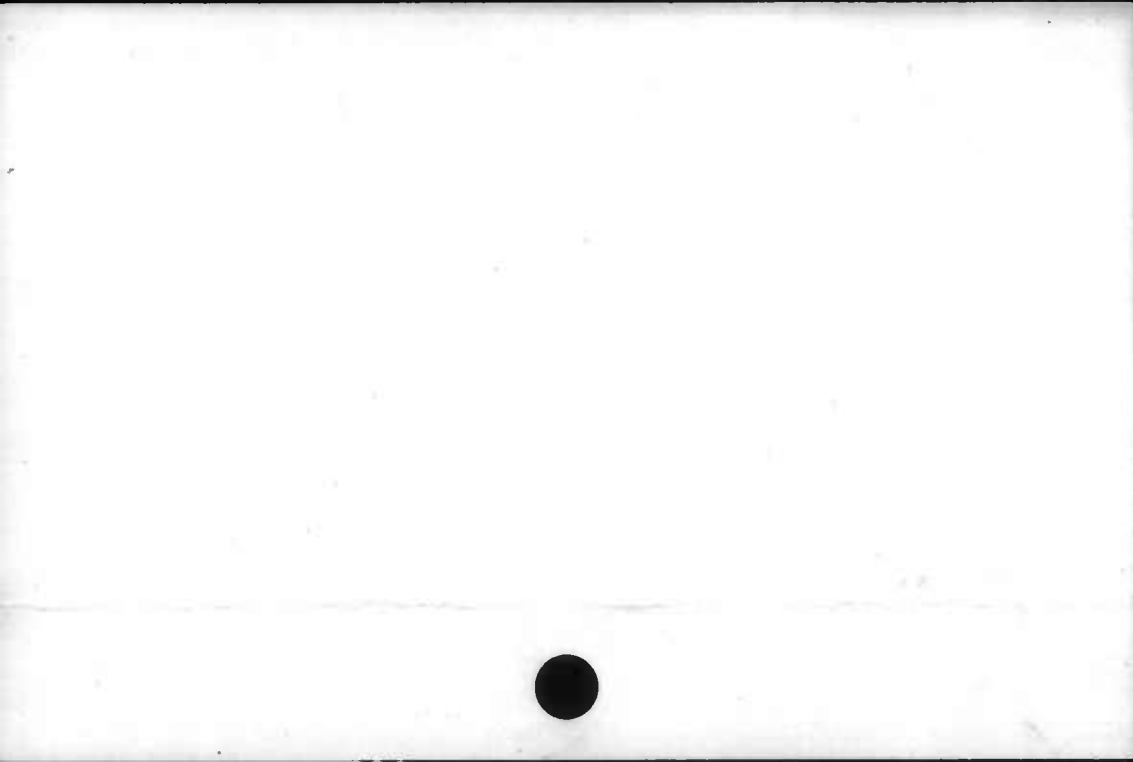
W. D. Morrison

Address

Elkton Md

PHYSICIAN
OR CORNER

Accident or Suicide



Name
in Full

Catharine Simmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Elkton ^{Town} Cecil ^{County} MARYLAND

Date of death 1909 ^{Month} Oct ^{Day} 8 ^{Years} 1 year ^{Months} ^{Days}

Sex Female Color or Race white Birth-place Md

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Joel Simmons Father's Birthplace Md

Mother's Maiden Name Laura O Rothwell Mother's Birthplace Md

Name of person giving Information Joel Simmons How related to deceased Father

CAUSES OF DEATH

146

PHYSICIAN
OR CORONER

Primary Ricket How long ✓

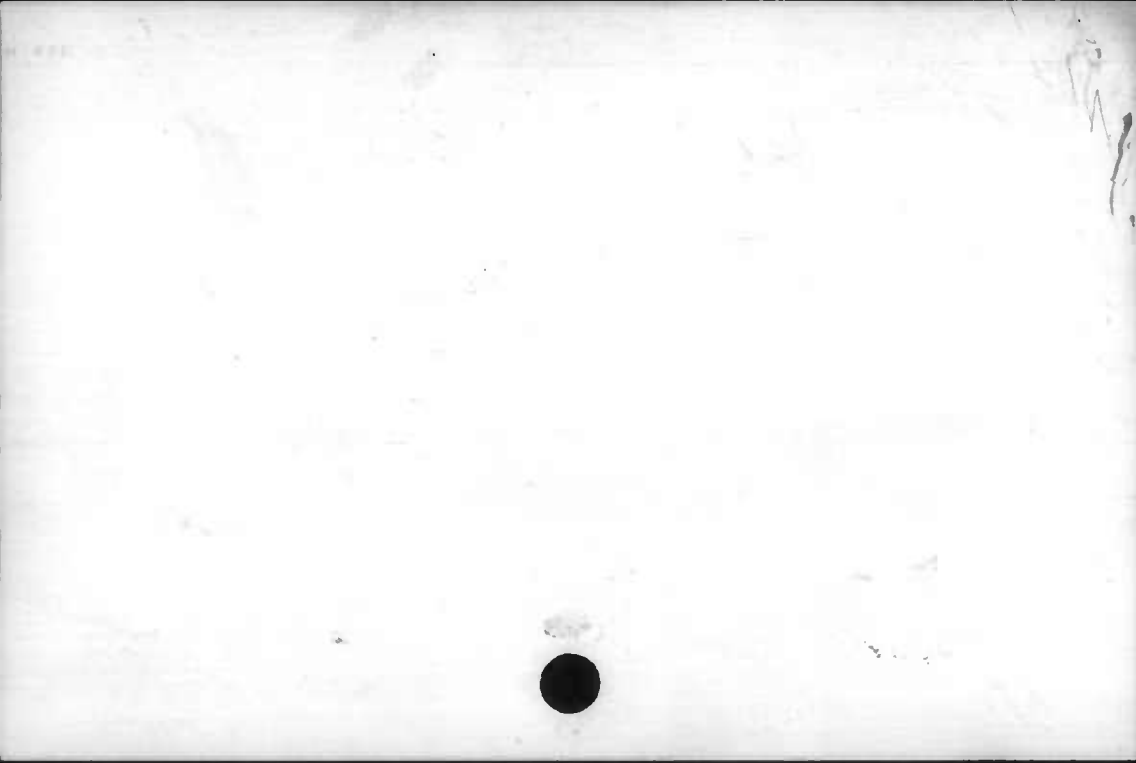
Immediate Encephalitis How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Wm D Gawley

Address Elkton Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *George Thomas*
Town *Olms House* County *Cecil*

Died at *Olms House* Month *10* Day *6* Years *69* Months *—* Days *—*

Date of death *1909* Age *69*

Sex *Male* Color or Race *White* Birth-place *Unknown*

Occupation *Laborer* Where Residing if not at place of death *—*

Marrisd, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Unknown*

Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown*

Mother's Birthplace *Unknown*

Name of person giving Information *J. W. Mahoney*

How related to deceased *No*

CAUSES OF DEATH

106

✓

PHYSICIAN
OR CORONER

Primary *Chronic Latent Tuberculosis* How long *—*

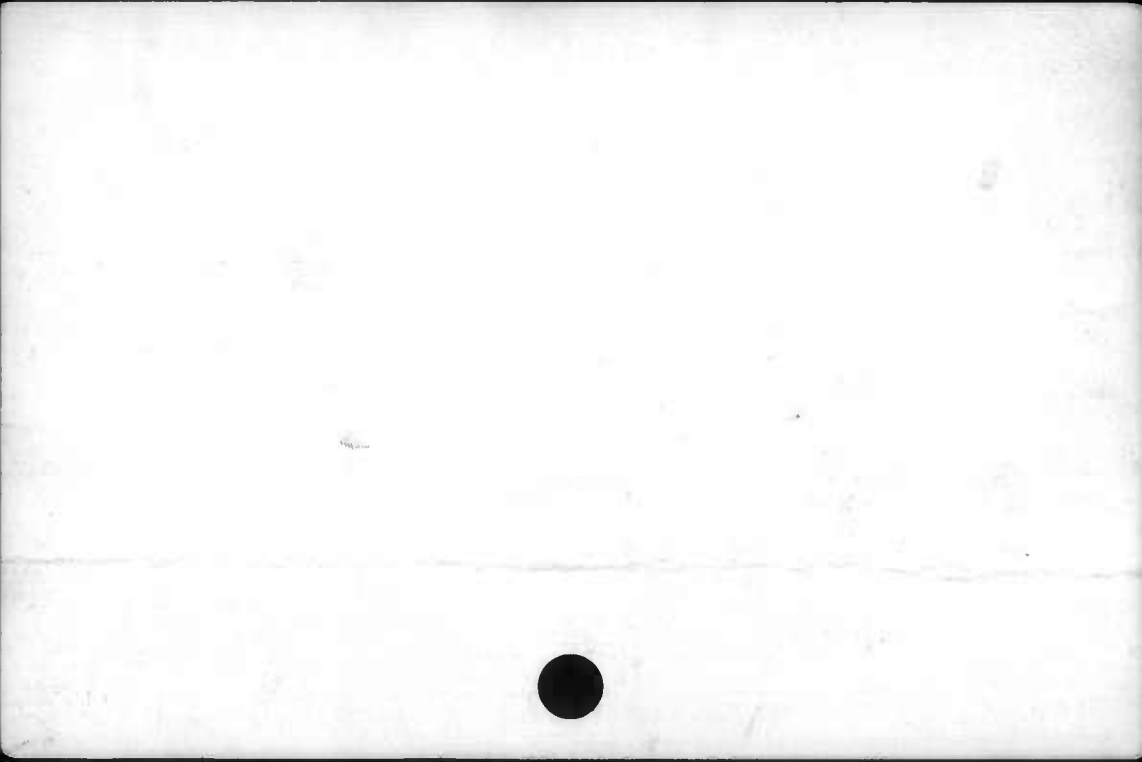
Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *James Frazee Crowe*

Address *Extra Md*

D
Accident or Suicida



Name
in
Full

Paul Trosini

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Elkton* Town *Cecil* County **MARYLAND**

Date of death 1909 Month 10 Day 20 Age — Years — Months 5— Days 5—

Sex *male* Color or Race *white* Birth-place *near Port Deposit*

Occupation — Where Residing if not at place of death *Port Deposit*

Married, Single or Widowed *Single* Name of Wife or Husband —

Father's Name *Angelo Trosini* Father's Birthplace *Italy*

Mother's Maiden Name *Rosina Bozzi* Mother's Birthplace *Italy*

Name of person giving Information *Rosina Bozzi Trosini* How related to deceased *Mother*

CAUSES OF DEATH

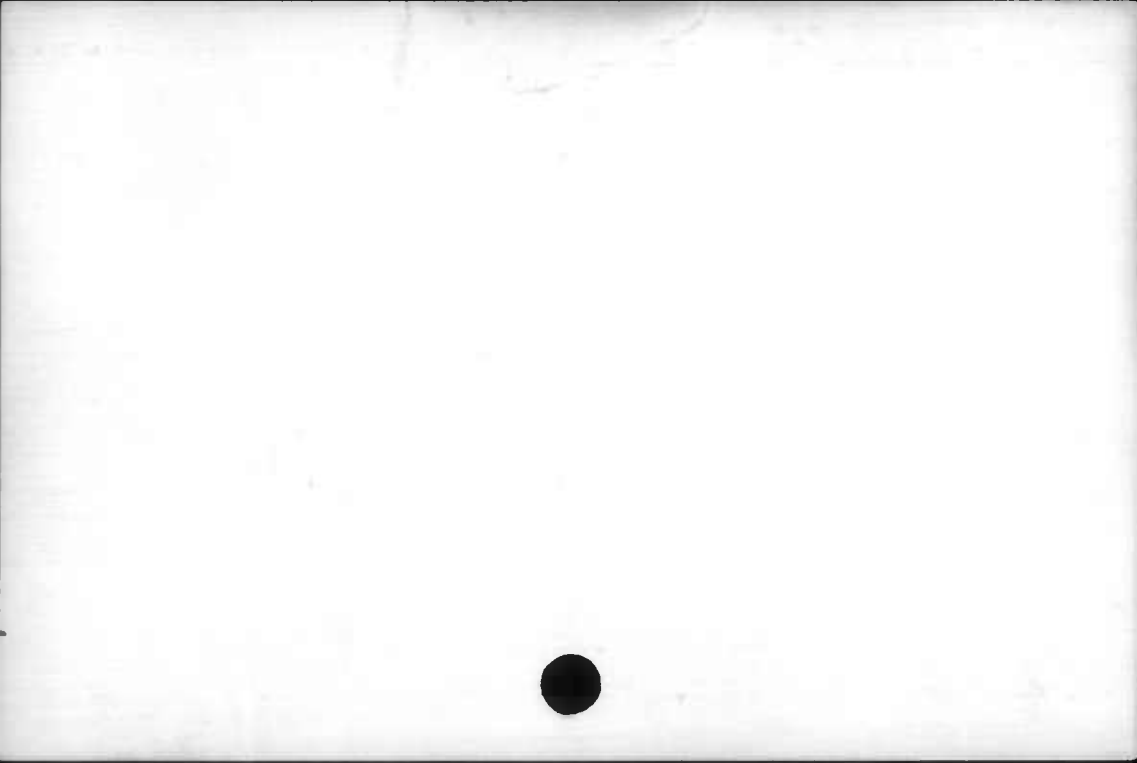
PHYSICIAN
OR CORONER

Primary *Meningitis* How long *15 days*

Immediate *Exhaustion* How long *15 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. Arthur Mitchell*

Address *Elkton Md*



Name
in
Full

Mary G. Walters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at North East ^{Town} Cecil ^{County}
Date of death 1909 Oct ^{Month} 20 ^{Day} Age 80 ^{Years} 10 ^{Months} - ^{Days}
Sex Female Color or Race White Birth-place Chester Co Pa
Occupation Housewife Where Residing if not at place of death North East
Married, Single or Widowed Married Name of Wife or Husband George Walters
Father's Name John Boyer Father's Birthplace Chester Co Pa
Mother's Maiden Name Mary Rapp Mother's Birthplace " " "
Name of person giving Information John R Boyer How related to deceased Brother

CAUSES OF DEATH

95

How long

PHYSICIAN
OR CORONER

Primary
Immediate Congestion of Lungs How long 1 week
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician Wm A Horrocks
Address North East Md
Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

John P. Wilson

Town

County

MARYLAND

Died

near Rising Sun

Calvert

Date

of death

1909

Month

Oct

Day

21

Age

Years

73

Months

9

Days

Sex

Male

Color or
Race

White

Birth-
place

Delaware

Occupation

Carpenter & Farmer

Where Residing if not
at place of death

near Rising Sun

Married, Single
or Widowed

Married

Name of Wife or
Husband

Lucy Wilson

Father's
Name

Samuel L. Wilson

Father's
Birthplace

Delaware

Mother's
Maiden Name

Mary Pierson

Mother's
Birthplace

Delaware

Name of person giving
Information

Thomas J. Wilson

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Paralytic

How long

Five weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

Address

J. B. Green

Rising Sun,
Md.

Accident or Suicidal

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Government - Switzerland
Please mail me Journal -
P.O. Box 10000

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Omar S. Woollyhaw
Died at *Near Earleville* *Cecil*

MARYLAND

Date of death 190 *9* Month *10* Day *15* Age *—* Years *—* Months *1* Days *20*

Sex *Male* Color or Race *White* Birth-place *Cecil Co. Ind-*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*
Father's Name *Jesse S. Woollyhaw*

Father's Birthplace *Cecil Co. Ind-*

Mother's Maiden Name *Kellie P. Hustfelt* Mother's Birthplace *" " "*

Name of person giving Information *Jesse S. Woollyhaw* How related to deceased *Father*

CAUSES OF DEATH

Primary *Gastro enteric Catarrh* How long *105* *5 or 6 days*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *E. W. Crawford*

Address *Bechtown Ind*

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Edwin H Worthington

Died at

Tolara

County

Cecil

MARYLAND

Date

of death 1909

Month

Oct

Day

5

Age

Years

47

Months

5

Days

Sex

Male

Color or
Race

White

Birth-
place

Gardenville Pa

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Harriett J Worthington

Father's
Name

Gilbert Worthington

Father's
Birthplace

Wrightstown Pa

Mother's
Maiden Name

Esther D Michener

Mother's
Birthplace

Gardenville Pa

Name of person giving
Information

Albert P Worthington

How related
to deceased

Brother

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

18 mo

Immediate

exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. H. H. H.
B. H. H. H.
mPHYSICIAN
OR CORONER

Accident or Suicide

